

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90078 029 ***150.00

DOCUMENT # **P13661**

1. Entity Name
WILLIAMS SERVICE GROUP, INC OF GEORGIA



Principal Place of Business
**2076 WEST PARK PLACE
STONE MOUNTAIN GA 30087**

Mailing Address
**2076 WEST PARK PLACE
STONE MOUNTAIN GA 30087**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1681975**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, VIRGIL R	
STREET ADDRESS	2076 W PARK PLACE	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087	
TITLE	P	<input type="checkbox"/> Delete
NAME	BELINSKI, DANIEL	
STREET ADDRESS	2076 WEST PARK PLACE	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, J.M. JR.	
STREET ADDRESS	2076 WEST PARK PLACE	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAUSER, K D	
STREET ADDRESS	2076 W PARK PLACE	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ROBINSON, TINA R	
STREET ADDRESS	2076 WEST PARK PLACE	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THANK YOU FOR YOUR SERVICE

3/14/03

770 879-4065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)